

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES

In Re: Joanne T. Douglas, R.N.

Petition No. 960809-010-057

CONSENT ORDER

WHEREAS, Joanne T. Douglas (hereinafter "respondent") of Sherman, Connecticut has been issued license number R50394 to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. At approximately 2:00 a.m. on or about May 24, 1996, while working as a registered nurse at Pope John Paul II Center for Health Care in Danbury, Connecticut, she was abusive to resident Florence Sullivan in that she held the door to Ms. Sullivan's room closed for at least ten minutes in an effort to get Ms. Sullivan to go to bed, while Ms. Sullivan banged on the door and called for help to be let out.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations at a hearing in front of the Board of Examiners for Nursing (hereinafter "the Board"). Respondent further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-10, and 20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, Joanne T. Douglas hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of three hundred dollars (\$300) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits this executed Consent Order to the Department.
3. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.
4. Respondent's license number R50394 to practice as a registered nurse in the State of Connecticut is hereby placed on probation for one year, subject to the following terms and conditions:
  - A. At her own expense, she shall engage in therapy and counseling with a licensed or certified therapist (hereinafter "therapist") approved by the Board and the Department for the entire probationary period.
    - (1) She shall provide a copy of this Consent Order to her therapist.
    - (2) Her therapist shall furnish written confirmation to the Board and the Department of his/her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
    - (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be

transferred to another therapist, he/she shall advise the Board and the Department.

Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Board after consultation with the Department.

- (4) The therapist shall immediately notify the Board and the Department in writing if respondent discontinues therapy and/or terminates his/her services.
- B. Respondent shall be responsible for the provision of written reports quarterly from her therapist directly to the Board and the Department for the entire probationary period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment, and an evaluation of her ability to safely and competently practice nursing.
- C. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Board and the Department any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to her profession.
- D. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation.
- E. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
- F. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.
- G. The reports required in paragraph 4B are due on the tenth business day of January, April, July and October. They shall commence with the report due ~~October 14, 1997.~~ <sup>January 15, 1998</sup> *112*

H. All correspondence and reports shall be addressed to:

Jeffrey Kardys  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
P.O. Box 340308  
Hartford, CT 06134-0308

5. Any violation of the terms of this Consent Order without prior written approval by the Board shall constitute grounds for the Department to seek revocation of the respondent's nursing license following notice and an opportunity to be heard.
6. Any extension of time or grace period for reporting granted by the Board shall not be a waiver or preclude the Board's right to take action at a later time. The Board shall not be required to grant future extensions of time or grace periods.
7. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
8. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
9. Respondent understands this Consent Order is a matter of public record.
10. Respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this same Consent Order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
11. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as an R.N., upon request by the Department, with notice to the

Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether her conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.

12. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Board.
13. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
14. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent understand

that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.

15. Respondent has had the opportunity to consult with an attorney prior to signing this document.

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I, Joanne T. Douglas, R.N., have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Joanne T. Douglas  
Joanne T. Douglas

Subscribed and sworn to before me this 27 day of SEPTEMBER 1997.

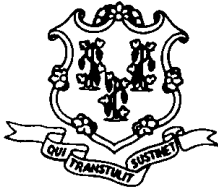
Sallynn Young  
Sallynn Young, Notary Public  
Notary Public or person authorized  
by law to administer an oath or affirmation  
Certificate expires June 30, 2002

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 10<sup>th</sup> day of October 1997, it is hereby accepted.

Cynthia Denue  
Cynthia Denue, Director  
Division of Health Systems Regulation

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 15<sup>th</sup> day of October 1997, it is hereby ordered and accepted.

BY: [Signature]  
Connecticut Board of Examiners for Nursing



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

November 9, 1998

Ms. Joanne T. Douglas  
6 Leach Hollow Road  
Sherman, Connecticut 06784

Re: Consent Order  
Petition No. 960809-010-057  
License No. R50394  
[REDACTED]  
[REDACTED]

Dear Ms. Douglas:

Please accept this letter as notice that you have completed the terms of your license probation, effective 11/1/98.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Bonnie Pinkerton".

Bonnie Pinkerton, RNC  
Division of Health Systems Regulation

cc: Debra Tomassone



Phone: (860) 509-7400  
Telephone Device for the Deaf (860) 509-7191  
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P.O. Box 340308 Hartford, CT 06134  
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